Swinton (Yorks.) Urban District.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR 1909.

EDGAR ENGLISH, M.D., D.P.H.

Presented January 26th, 1910.

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Swinton Urban District Council.

Medical Officer's Annual Report

To the Chairman and Members of the Council.

GENTLEMEN.

I herewith beg to submit my Annual Report on the health of your district for the year ending December 31st, 1909.

THE POPULATION.

I have estimated the population to the middle of the year to have been 14,196.

The natural increase for the year, that is, the excess of births over deaths, was 256.

The composition and occupations of a population have a considerable influence on the statistics and public health of a district. It is therefore necessary to make some reference to employments and to peculiarities of sex and age periods.

The male population is chiefly employed in coal-mining and works connected with large collieries, also in glass bottle manufacturing, in iron foundries, and a small number find work at chemical works and in agricultural pursuits ; there are also a few potters remaining. Females are only employed at works to a very small extent. There are also comparatively few domestic servants, and but few female shop assistants or apprentices. We have, therefore, a population largely consisting of young married persons with an excess of boys over girls beyond school age, a large number of school children, and a much larger proportion of infants than is usually found in more mixed populations of England, whether town or country. There is also a section of the population to be reckoned with which is wont to be too little considered, consisting of a roving class. These families and single lodgers are constantly on the move, overcrowding houses, introducing infectious diseases as they seek and find work for a time here and then there. It was not until the headmaster of the Kilnhurst Schools pointed out to me the large number of children who come and go that I was aware that these migratory families numbered so many. When these facts, together with the rapid increase of the population, are taken fully into consideration, it will at once be seen that the vital statistics can only be compared with those of other coal mining districts, and must differ widely from the average town and country districts of England, and that under certain conditions and seasons the difficulties in the way of maintaining a high standard of health are numerous.

BIRTH RATE.

The number of births registered was 477—382 in Swinton and 95 in Kilnhurst. 242 were males and 235 females. The birthrate per 1,000 inhabitants in the whole district was 33·6 per 1,000, the rate being 33·8 in Swinton and 32·8 in Kilnhurst. The average birthrate for the last ten years has been 37·3. The rate, therefore, for last year was a low one, but a high one when compared with the rest of England and Wales, which was only 25·6. Indeed, for the whole country, we are obliged to go back 33 years to obtain anything like our average present birthrate.

THE DEATH RATE.

The number of deaths registered in the district, whether residents in the district or not, was 186—males 93, females 93—the rate per 1,000 inhabitants being 13·1. 144 died in the parish of Swinton, with a rate of 12·7, and 42 died in the parish of Kilnhurst, with a rate of 14·4.

All calculations must be made, however, from the rate corrected by the addition of 35 persons who temporarily resided and who died in various institutions, hospitals, workhouses and asylums, outside the district, and with this addition the annual deathrate is raised to 15·5. The corrected deathrate becomes, year by year, more correct as the returns from more institutions are sent in.

Infant Mortality.—Sixty-three infants under twelve months of age died during the year. Of these four were illegitimate, and the causes of death were not certified by a medical practitioner in five cases. The infantile deathrate, estimated on the total births during the year, yields a rate of 127 per 1,000 births. The same rate for 1908 was 148, and the average rate for the last ten years was 171. The rate for the year for England and Wales was 109.

On looking through Table V. it will be seen that amongst common infectious diseases there were only four deaths, but diarrhœal diseases claimed 14. No death from rickets was recorded, but probably some of those dying from convulsions were rickety. Tuberculous Diseases always cause a few deaths, even in the first year of life. Hereditary Syphilis only caused one death. I believe this disease is not prevalent in Swinton, but still it probably is the cause of some of the deaths under the heading Wasting Diseases. Suffocation from overlying rarely occurs in your district. There was, however, one case during the year. To sum up, it will be noticed that there is a great improvement in Table V. In fact, the infantile deathrate has never been anything like so low. This comparatively low rate is perhaps the most satisfactory part of my report. No deathrate is less misleading, and at the same time no deathrate is more difficult to reduce, and perhaps no other gives a more correct guide as to whether our efforts to improve health are bearing fruit. In your district meteorological conditions, it is true, cause considerable fluctuations in the infantile deathrate chart, but take this factor fully into consideration and there is still an improvement.

It may be asked, how is it that our rate for the year is even now above that of the small towns of England and Wales generally? The causes probably are the following :—

1. Greater birthrate than that of England and Wales generally.
2. The composition of the population, with an ever-moving portion of it.
3. The sanitary difficulties, due to a rural district becoming more and more urban in character.
4. Motherhood—a tendency to rear infants artificially, with its numerous failures.

A health visitor has not as yet been introduced into your district, but I believe the Medical Practitioners, District Nurse and others do all they can to instruct mothers. Something might also be done through the agency of the midwives to encourage the natural feeding of babies.

Reverting to the third cause, it must not be forgotten that the miseries of the babies and households are much increased by overcrowding in houses, by insanitary surroundings, more especially privy-middens, unpaved yards, and general heedlessness to sanitary laws ; also through a state of unpreparedness for cold wet springs and hot dry summers. It is only by constantly fighting against these evils that the infantile deathrate will be reduced to 100 per 1,000 births.

ZYMOTIC OR EPIDEMIC DISEASES,

which includes the summer diarrhœa of infants, caused 26 deaths.

The rate per 1,000 of persons living was 1·8.

This rate for 1908 was 2·4.

NOTIFIABLE DISEASES.

The total number of infectious diseases notified by general practitioners was 161.

Small Pox.—No case was reported during the year.

Scarlet Fever was prevalent during the year. 140 cases were reported, distributed through the months as follows :—January, 28 cases ; February, 20 ; March, 15 ; April, 12 ; May, 5 ; June, 11 ; July, 3 ; August, 3 ; September, 3 ; October, 9 ; November, 17 ; December, 18.

Sixty cases were treated in the isolation hospital, 5 of which died, and 80 were treated at home, all of whom recovered. As to locality, it could be demonstrated with the aid of a spot map that the cases occurred in the same streets and often in the same houses as in 1908, that is, chiefly in the centre of the district stretching from Rockingham Road to Rowms Lane. A few cases broke out in the Roman Terrace and Wath Road districts, but it never got a hold. Not a single case has been reported in Kilnhurst or Piccadilly for two years, although the disease has been epidemic in the thickly populated districts adjoining.

Overcrowding in houses and a congested isolation joint hospital have been the difficulties in dealing with the epidemic. It is to be noticed that during the warm months, when children are living out of doors, there has been less fever, but at and after Christmas holidays, Whitsuntide, and whenever there is an influx of persons, especially children, into houses, then the rapid rise in cases occurred ; again, usually, if cases do badly, if they get nasal and ear discharges, we frequently find the insanitary condition is overcrowding. On the other hand, when the family consists of parents and one child, and that child is treated at home, all goes on well. The schools have had little to do with the spread of the infection.

There were apparently many hospital return cases due to aural or nasal discharges lighting up again on returning home, but there were also many what may be termed home return cases, that is, a case was isolated at home and all seemed to go on well, when, weeks or months, in two cases exactly twelve months after, one or several other cases broke out.

During the year you have raised the question more than once, is a joint infectious hospital of any benefit in scarlet fever epidemic years ? And, again, could the £1,000, more or less, handed over to the hospital board during the year be spent to more purpose in any other way ? To the first question I answered that, speaking generally, the joint hospital has been of benefit, and this was an opinion apparently proved by figures. See the following table :—

SCARLET FEVER TABLE.

FROM 1876 TO MAY, 1909.

Population, Census :—1871, 5,150. 1881, 7,700. 1891, 9,735.
1901, 12,217.

Period.	Number of Cases.	Number of Deaths.	Case Mortality per cent.	Yearly Death-rate per 1,000 Inhabitants.	Remarks.
1876–1881	Not known	51	—	·13	During 1879, 30 deaths from Scarlet Fever. First Medical Officer of Health appointed 1876. No system of sewerage; many houses without drains of any kind.
1881–1888	Irregular voluntary notification of cases	47	Said to be 50% in soms years	·08	In 1882 a virulent outbreak in some parts of the district.
1888–1895	266	41	15	·05	In 1889 and 1890 30% of those attacked died. In 1890 Infectious Diseases Act adopted. Sewage works [illegible] completed 1890.
1895–1902	970	41	4	·04	
1902–1909	342	15	4	·01	Joint Isolation Hospital opened May, 1902.

In looking over the table it will be seen that the death rate was very high in years gone by ; in fact, in some single years it was as high as 50 per cent., and some persons who remember those days seem to think that in some localities even higher, but it must be remembered that in those days, although the population was small, there was considerable overcrowding in houses. The drainage of houses and sanitation in general was bad, and probably the type of the disease throughout the country was not so mild as it has been during the last few years, yet to some extent the hospital must be credited with reducing the number of cases and deaths during the last seven years.

During the early part of the last epidemic the hospital was of great benefit, but after the first few months, from the wards becoming constantly overcrowded, and from several cases becoming complicated with ear and nose discharges, its use in staying the epidemic, so far as your district was concerned, was disappointing. Possibly a cottage or temporary wards for convalescents would have done good service.

During the early part of the year you made arrangements for the disinfection of beds and bedding by the steam disinfector, with very satisfactory results. Indeed, in cases of Scarlet Fever perhaps no public health measure is so important as the steam disinfection of clothing and bedding.

MEASLES.

An outbreak occurred in the Kilnhurst Schools. The first cases were noticed in the National Schools on October 15th, but no intimation was given to me until November 5th, when the Infant Department was reduced to 65 per cent. I at once made an investigation and found the School was the centre of the infection, but no benefit could then be derived by closing the department. Fortunately the weather was dry and favourable for recoveries without complications. Of the four deaths, one died in an institution outside the district, one was a defective, weakly child, and one was a doubtful case.

I visited all the Schools and asked the teachers to carefully note and exclude any children apparently suffering from the early symptoms.

PUERPERAL FEVER.

No case of child-bed fever occurred during the year. This speaks well for the midwives, who, although of the old-fashioned, unlearned stamp, yet are intelligent, clean, and very anxious to maintain their local reputations.

TUBERCULOSIS.

No case was voluntarily notified during the year, and only one case was notified under the Tuberculosis Regulations, 1908. Yet there were 15 registered deaths within and one without the district. The rate per 1,000 inhabitants was 1·1. This is a rate frequently found in urban districts, but not in rural. The Medical Practitioners of late years have been inclined to register lung diseases amongst young children as Phthisis, which were formerly registered under some other heading, but it is during the prime of life that the undoubted cases of consumption occur, with many attending miseries. During the year eight deaths from this disease took place in ages from 25 years and upwards.

Money spent by the Council in cleansing and disinfecting after deaths from consumption, in providing spit-bottles and other appliances to prevent the spread of the infection in poor law cases, in giving instructions as to simple precautions by means of leaflets, cards, &c., is money well spent. As to treating patients in sanatoriums of an inexpensive nature, I have, in former reports, given outlines which are applicable for your district.

DIARRHŒAL DISEASES.

The cool, showery summer, followed by a fine autumn, was an excellent preventative to any serious outbreak of these diseases, yet 15 infants succumbed. It cannot be too well impressed upon mothers and sanitary authorities as to the infectious nature of summer diarrhœa of infants. It is thought that insect life, more especially house flies, are the carriers of the infection. Be this as it may, extreme cleanliness in hot weather is the only means of escape. If the Council could only see its way to abolish privy-middens, we would have a decrease of deaths, but if they cannot, then an arrangement should be made to have these insanitary places emptied and disinfected once a week during the hot summer months, and by means of iron sheets or other arrangement protect the walls, pavements and roadways from being befouled and prevent a sickly nuisance which often lasts two or three days.

Mothers should be taught to keep their milk, when unable to suckle, in a cool place and covered, and the babies should be kept in the coolest room in the house, with windows thrown open, instead of making the kitchen, as is too often the case, the nursery during hot weather.

DIPHTHERIA.

There were no deaths from this disease during the year. It is very satisfactory to find that so dread a disease has no longer the hold it had in the district. The importance of keeping it out of schools cannot be exaggerated.

TYPHOID OR ENTERIC FEVER.

Of 12 cases reported, 2 died at home, 2 in isolation hospital, and 1 in a Sheffield institution. Some of the reported cases apparently had, in the first instance, suffered from some other disease. One had been bedridden over a year previous to reporting. Two of the cases were imported, one received the infection through polluted well water, two through the opening of a sewer in hot weather, and no particular cause could be attributed to the remainder. There was an unsatisfactory state of things at the Joint Isolation Hospital, all wards being so congested with Scarlet Fever, even during the autumn months, that only five male cases of Typhoid could be isolated there, and not a single female case throughout the year, although in one or two cases it was very risky keeping them at home. Hospital nursing and isolation is usually more urgent in cases of typhoid than in any other infectious disease in your district.

BRONCHITIS AND PNEUMONIA

were the causes of death in many cases at the extremes of life. As to infants, these diseases are frequently the outcome of carelessness in rearing.

ACCIDENTS.

Several cases occurred and were registered in the district, although non-residents; their deaths, therefore, are included in the statistics.

WATER SUPPLY.

The Water Committee have at various times made strenuous efforts to give the district the all-necessary sanitary requirement—a constant and wholesome water supply at a reasonable rate. Their unsuccessful efforts have been chiefly due to the numerous faults which run through the water-bearing stratas. A greater measure of success was attained last year, and it is to be hoped before long the scheme in hand may be completed. Surface water almost throughout the district is liable to pollution, and should, therefore, in all cases, be excluded from every supply.

HOUSING OF THE WORKING CLASSES.

Twenty new four or six-roomed houses have been built during the year. It is very disappointing, in spite of the complaints on all sides, both by sanitarians and occupiers of cottage property, that the domestic conveniences for 16 of the new houses is the unsavoury privy-midden, and that only four of the old privy-middens have been converted into w.c.'s. Some of the worst short streets have been taken over by the Council during the year and properly made and channelled, but there are some very insanitary back streets. I would point out one between Chapel and Spencer Streets. The houses are there so planned that they should never have been occupied without the secondary access having an impervious pavement with proper channels.

The Housing, Town Planning, &c., Act, 1909, will give sanitary authorities considerable increase in their powers in dealing with insanitary property. You have not, as yet, adopted any parts or sections of the Public Health Amendment Act, 1907. Some sections in Parts II., III. and IV., if in force in the district, would assist sanitary measures.

SLAUGHTER HOUSES.

There are ten old registered and three new licensed slaughter houses in the district. These I have inspected in company with your late inspector. I made a special report as to the surroundings of the slaughter houses in Bridge Street, and the Sanitary Committee made an inspection. Action should be taken if these yards are not in future kept in a more sanitary condition. In several cases within a few yards of a slaughter house is a privy-midden. Every one of these privy-middens should be removed or converted into a w.c. It is not an uncommon thing in the autumn to find the walls covered with flies.

MILK SUPPLY.

The sheds of the eleven cowkeepers have all been inspected. The milk of the 95 cows is chiefly consumed in the district. Improvements in the construction of the cowsheds goes slowly on, but the animals and sheds are not, in some cases, kept clean. No doubt it takes a great amount of labour and supervision to keep cows in a cleanly state when they have not their liberty, but the dangers to health through dirty milk are such as to call for every care in the cowshed.

FACTORY AND WORKSHOP ACT, 1901.

There are 30 workshops on the register, namely, 10 dressmaking, 11 bootmaking, 6 joinery or smithery, and 2 bakehouses. There are no outworkers. The workshops are all small, with few occupants. No particular complaint as to their sanitary conditions has been made during the year.

RAINFALL.

Mr. Fowler reports as follows:—Rain fell on 205 days, the total rainfall registered being 28·24 inches. This was slightly in excess of rainfall for 1908, and the highest since the rain gauge was established.

The greatest rainfall in 24 hours was 0·87 of an inch on December 2nd. The monthly distribution was as follows:—January, 1·76; February, 0·58; March, 2·96; April, 1·56; May, 1·97; June, 3·22; July, 4·24; August, 2·25; September, 2·09; October, 1·91; November, 0·38; December, 5·32.

TEMPERATURE.

Average mean air temperature at 9 a.m. was 46·8. In 1908 it was 48·08.

NUISANCES.

The number of nuisances abated were 151. No legal proceedings were necessary.

THE OFFICE OF INSPECTOR.

By the resignation of Mr. Fowler, the Council lost an active, intelligent and tactful officer. The Council have determined to discontinue the combined offices of surveyor, water engineer and inspector of nuisances and to obtain the services of a whole-time inspector. The health of the district should, in consequence, improve.

The statistics for the year are appended.

I am, Gentlemen,
Yours obediently,
EDGAR ENGLISH, M.D.,
Medical Officer of Health.

TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1909 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
				Under 1 Year of Age.		At all Ages.						
		No.	Rate.	No.	Rate per 1,000 Births registered.	No.	Rate.*				No.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1899	11797	486	41·2	78	177	219	18·7	—	—	—	—	—
1900	12084	462	38·2	80	173	236	19·5	—	—	—	—	—
1901	12260	473	38·0	89	184	209	17·0	—	—	—	—	—
1902	12573	501	39·8	84	164	218	17·3	—	—	2	220	17·5
1903	12866	478	37·0	77	165	187	14·5	—	—	2	189	14·7
1904	13178	495	37·5	79	174	210	15·9	—	—	10	220	16·7
1905	13450	460	34·2	68	147	183	13·6	—	—	5	188	14·4
1906	13741	485	35·2	88	180	194	14·1	—	—	18	212	15·4
1907	13946	486	34·8	98	201	270	19·3	—	—	11	281	20·9
1908	14077	526	37·3	79	148	207	14·7	—	—	24	231	16·3
Averages for years 1899–1908			37·3	—	171	—	16·4	—	—	—	—	16·3
1909	14196	477	33·6	61	127	186	13·1	Nil	Nil	35	221	15·5

TABLE II.

SHEWING THE NUMBER OF REGISTERED CAUSES OF DEATH OCCURRING DURING 1909, AT SUBJOINED AGES.

CAUSE OF DEATH.	All Ages.	Under 1 year.	1 and Under 5.	5–15.	15–25.	25–65.	65 and upwards.
Small Pox	..	..	..	..	..	..	..
Measles	4	1	1	2	..	..	..
Scarlet Fever	5	..	3	1	..	1	..
Whooping Cough	9	3	6	..	..	..	..
Diphtheria	..	..	..	..	..	..	..
Typhoid or Enteric	4	..	..	1	3	..	..
Epidemic Influenza	2	..	1	..	..	1	..
Enteritis	11	10	1	..	..	1	..
Diarrhœa	6	5	1	..	..	..	..
Puerperal Fever	0	..	..	..	..	..	..
Erysipelas	0	..	..	..	..	..	..
Phthisis	18	..	3	5	2	8	..
Other Tubercular Diseases	9	4	2	1	..	2	..
Cancer	8	..	..	..	5	3	..
Bronchitis	18	4	4	1	..	5	4
Pneumonia	20	4	10	..	1	2	3
Alcoholism	2	..	..	..	..	2	..
Premature Birth	6	6	..	..	..	..	..
Heart Diseases	18	..	..	..	2	13	3
Accidents	11	1	..	3	1	5	1
Suicides	1	..	..	..	..	1	..
Parturition	1	..	..	..	..	1	..
All other causes	67	24	2	2	2	20	17

TABLE III.

SHEWING THE NUMBER OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1909, AT SUBJOINED AGES.

NOTIFIABLE DISEASES.	At all ages.	Under 1 year.	1–5.	5–15.	15–25.	25–65.	65 and upwards.
Small Pox	0	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..
Diphtheria	4	..	1	1	2	..	..
Erysipelas	6	..	..	..	..	5	1
Scarlet Fever	140	2	41	84	8	5	..
Typhus Fever	..	..	..	..	..	..	..
Typhoid or Enteric Fever	12	..	1	1	5	5	..
Puerperal Fever	0	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..

ENGLAND AND WALES.

Annual Birth-rates, Death-rates, and the Death-rates from the Principal Epidemic Diseases.

	Annual Rates per 1,000 Living.				Deaths under One Year to 1,000 Births.
	Births.	Deaths.		Principal Epidemic Diseases.	
		Crude.	Corrected.*		
England and Wales ..	25.6	14.5	14.5	1.12	109
76 great towns ..	25.7	14.7	15.6	1.42	118
143 smaller towns ..	24.8	13.9	14.5	1.08	111
England and Wales, less the 219 towns ..	25.6	14.5	13.6	0.80	98

* The corrected death-rates are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901.

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1909.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 1 Month.	1–2 Months.	2–3 Months.	3–4 Months.	4–5 Months.	5–6 Months.	6–7 Months.	7–8 Months.	8–9 Months.	9–10 Months.	10–11 months.	11–12 Months.	Total Deaths under One Year.
ALL CAUSES.	Certified	14	2	3	2	21	3	3	4	5	1	2	4	5	5	2	3	58
	Uncertified	1	1	0	0	2	2	0	0	0	0	0	1	0	0	0	0	5
i. Common Infectious Diseases.	Small-pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Chicken-pox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Scarlet Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Diphtheria (including Membranous Croup)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Whooping Cough	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	3
ii. Diarrhœal Diseases.	Diarrhœa, all forms	1	0	0	0	1	0	1	0	1	0	0	1	2	1	2	0	9
	Enteritis, Muco-enteritis, Gastro-enteritis	1	0	0	0	1	1	0	0	0	0	0	1	2	0	0	0	5
	Gastritis, Gastro-intestinal Catarrh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
iii. Wasting Diseases.	Premature Birth	4	1	1	0	6	0	0	0	0	0	0	0	0	0	0	0	6
	Congenital Defects	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	Injury at Birth	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
	Want of Breast-milk, Starvation	2	1	1	0	4	0	0	0	0	0	0	0	0	0	0	0	4
	Atrophy, Debility, Marasmus	1	0	1	0	2	0	1	1	1	1	0	0	0	1	0	0	7
iv. Tuberculous Diseases.	Tuberculous Meningitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tuberculous Peritonitis: Tabes Mesenterica	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Other Tuberculous Diseases	1	1	0	0	2	0	0	1	0	0	0	1	0	0	0	0	4
v. Other Causes.	Erysipelas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Syphilis	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1
	Rickets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningitis (*not Tuberculous*)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	Convulsions	1	0	0	0	1	1	1	1	0	0	1	1	0	1	0	0	7
	Bronchitis	0	0	0	1	1	0	0	0	1	0	0	1	1	0	0	0	4
	Laryngitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pneumonia	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
	Suffocation, overlying	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	Other Causes	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
		15	3	3	2	23	5	3	5	4	1	3	5	5	4	2	3	63